

ATTACH THIS TO YOUR APPLICATION TO HOST TESTING

- The testing host is responsible for arranging accommodations.
- Submit completed applications to ma.certexam@gov.ab.ca.

Host Information

Host Name: _____ Contact Name: _____
Last *First*

Email: _____ Contact Number: _____

NFPA Standard and Level: _____ Date of Testing: _____ *MM/DD/YYYY* **Written Exam**
Skills Evaluation

Candidate Requiring Accommodations Legal name only — NO nicknames.

Legal Name: _____
Last *First* *Middle*

Accommodations Required Check all that apply.

Reader (complete information below) Extra Time (1.5 times regular time)

Scribe (complete information below) Separate Room

Documentation

Official medical or educational assessment documentation is attached

Scribe/Reader Information Refer to proctor requirements.

Legal Name: _____
Last *First* *Middle*

Shipping Address: _____ Business Name (optional): _____

Town/City: _____ Province/Territory: _____ Postal Code: _____

Email: _____ Contact Number: _____

Office Use Only

Approved by: _____

Date: _____